

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. **83**Registered No. **178**

1. PLACE OF BIRTH

County GilaState Arizona

Township

or Village

City MiamiNo. 3019 Turkey Street

St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Remedios Carbajal

{ If child is not yet named, make supplemental report, as directed

3. Sex Female

If plural births

4. Twin, triplet, or other Twin5. Number, in order of birth 2nd6. Premature ☒ Full term

7. Legiti-

mate yes8. Date of birth Sept-7- 1932
(Month, day, year)

9. Full name

FATHER

Jesus Carbajal

18. Full maiden name

MOTHER

Carmen Garcia

10. Residence (usual place of abode)

(If nonresident, give place and State)

Miami Arizona

19. Residence (usual place of abode)

(If nonresident, give place and State)

Miami Arizona11. Color or race Mex12. Age at last birthday 27 (Years)20. Color or race Mex21. Age at last birthday 27 (Years)

13. Birthplace (city or place)

(State or country)

Guanajuato Mex.

22. Birthplace (city or place)

(State or country)

Sonora Mex.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A. m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

Evel M. Brown M.D. M.D.

or

Midwife

Address

Miami, Arizona

Filed

Oct 6, 1932 C. R. Drury

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children in order of birth stated.

Given name added from a supplemental report.

(Date of)

933-907-371